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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number 09/890219	Filing Date					
CLAIMS AS FILED AFTER FIRST AMENDMENT AFTER SECOND AMENDMENT							* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
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48							98						
49							99						
50							100						
Total	3		3				Total						
Indep							Indep						
Total	99		23				Total						
Depend							Depend						
Total	32		26				Total						
Claims							Claims						

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